



## 2015 Strategic Sourcing Certificate Program Application

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Secretariat: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone Number: (     )     -     Email Address: \_\_\_\_\_

**Please Note:** Registration is limited to 25 people. You will receive a confirmation e-mail from the instructor once your application has been approved. Emailing OSD your application does not automatically guarantee attendance.

Section	Module 1	Module 2	Module 3	Module 4	Module 5	Snow Day
Section #24: Department of Fire Services (Links room) 1 State Road Stow, MA 01775	Friday, November 6	Thursday, November 12	Thursday, November 19	Tuesday, December 1	Thursday, December 10	Thursday, December 17

**PREREQUISITE:** All participants in the SSCP are required to take OSD's "Essentials of State Procurement" class.

We would appreciate your candid response to the following questions:

1. Have you completed the prerequisite course "Essentials of State Procurement?"
- ☐ Yes     If Yes, please list the date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ No     If No, please indicate date you will be attending: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Describe your professional experience working/conducting procurement and/or purchasing:

\_\_\_\_\_  
\_\_\_\_\_

3. If applicable, please specify if you will need a Reasonable Accommodation.

☐ Hearing Impaired     ☐ Mobility Impaired     ☐ Vision Impaired     ☐ Other

Accommodation: \_\_\_\_\_

### Statement of Commitment (Required)

Please read and agree to the following statement of commitment:

I agree to participate in OSD's Strategic Sourcing Certificate Program and to attend all scheduled classes.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Agency/CPO Supervisor Commitment (Required)

I support the participation of \_\_\_\_\_ in OSD's Strategic Sourcing Certificate Program.  
I will support the applicant as she/he completes all program requirements.

Supervisor Name (PRINT): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency CPO/Supervisor Name (PRINT): \_\_\_\_\_

Agency CPO/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**E-Mail completed application to:** Christine Tello-Lorenz, OSD Training at [christine.tello-lorenz@state.ma.us](mailto:christine.tello-lorenz@state.ma.us)

**Please note:** The Strategic Sourcing Certificate Program consists of 5 one-day module courses. Once you are confirmed as a registered participant, you will be required to attend all modules to earn your certificate. Please ensure that your schedule allows for full day participation at ALL modules.